## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CREDO SUPERPAC	C C00507517
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee Credo Mobile	Date of Public Distribution/Dissemination
	09 / 02 / 2014
Mailing Address 101 Market Street Suite 700	Amount
City State Zip Code	2067.07
San Francisco CA 94105	Transaction ID : SE.14739 Date of Disbursement or Obligation
Purpose of Expenditure Phones  Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support C	Office Sought: House District:00
MITCH MCCONNELL Oppose	President Senate State: KY
Calcilidat Ical 10-Date	oisbursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Progressive Campaign Leadership	09 02 7 2014
Mailing Address 2446 University Ave. W., Suite 170	Amount
City State Zip Code	11529.01
St. Paul MN 55114	Transaction ID : SE.14738  Date of Disbursement or Obligation
Purpose of Expenditure Canvassing  Category/ Type	09 / 02 / 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
MITCH MCCONNELL Oppose	President Senate State: KY
	Disbursement For: ☐ Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	13596.08
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	13596.08
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Becky Bond [Electronically Filed] Date	09 04 2014
Signature	